

July 1, 2005

RRM Project FA19

Mr. Tom Sayles
Regional Water Quality Control Board
Central Coast Region
895 Aerovista Place, Suite 101
San Luis Obispo, California 93401-7906

Re: *Completion of Well Destruction Activities*
Wylie Property
320 Coral Street
Santa Cruz, California

Dear Mr. Sayles:

This letter, prepared by RRM, Inc. (RRM) on behalf of Jim Wylie, presents notification to the Regional Water Quality Control Board (RWQCB) of the completion of well destruction activities at the referenced site. A site location map is presented as Figure 1 and a site map is presented as Figure 2. RRM obtained well destruction permits from Santa Cruz County Environmental Health Services (SCCEHS) and, following receipt of permits, destroyed all three monitoring wells at the site on June 14, 2005. As required by the SCCEHS permits for well destruction, the wells were drilled out by a licensed drilling contractor, Exploration Geoservices of San Jose, California. Copies of the SCCEHS permits for well destruction are presented in Attachment A.

Cuttings from the drill out activities were temporarily stored on site in a drum pending receipt of laboratory analyses for disposal. Analytical results were received on June 29, 2005. On July 1, 2005 RRM removed the drum and spoils from the property for disposal. At this time, all wells, drums, and other materials placed on the site by RRM for the investigation have been removed and the site is ready for completion of closure activities by the RWQCB.

Mr. Tom Sayles
July 1, 2005
Page 2

If you have any questions regarding this project, please do not hesitate to call RRM at (831) 475-8141.

Sincerely,

RRM, Inc.

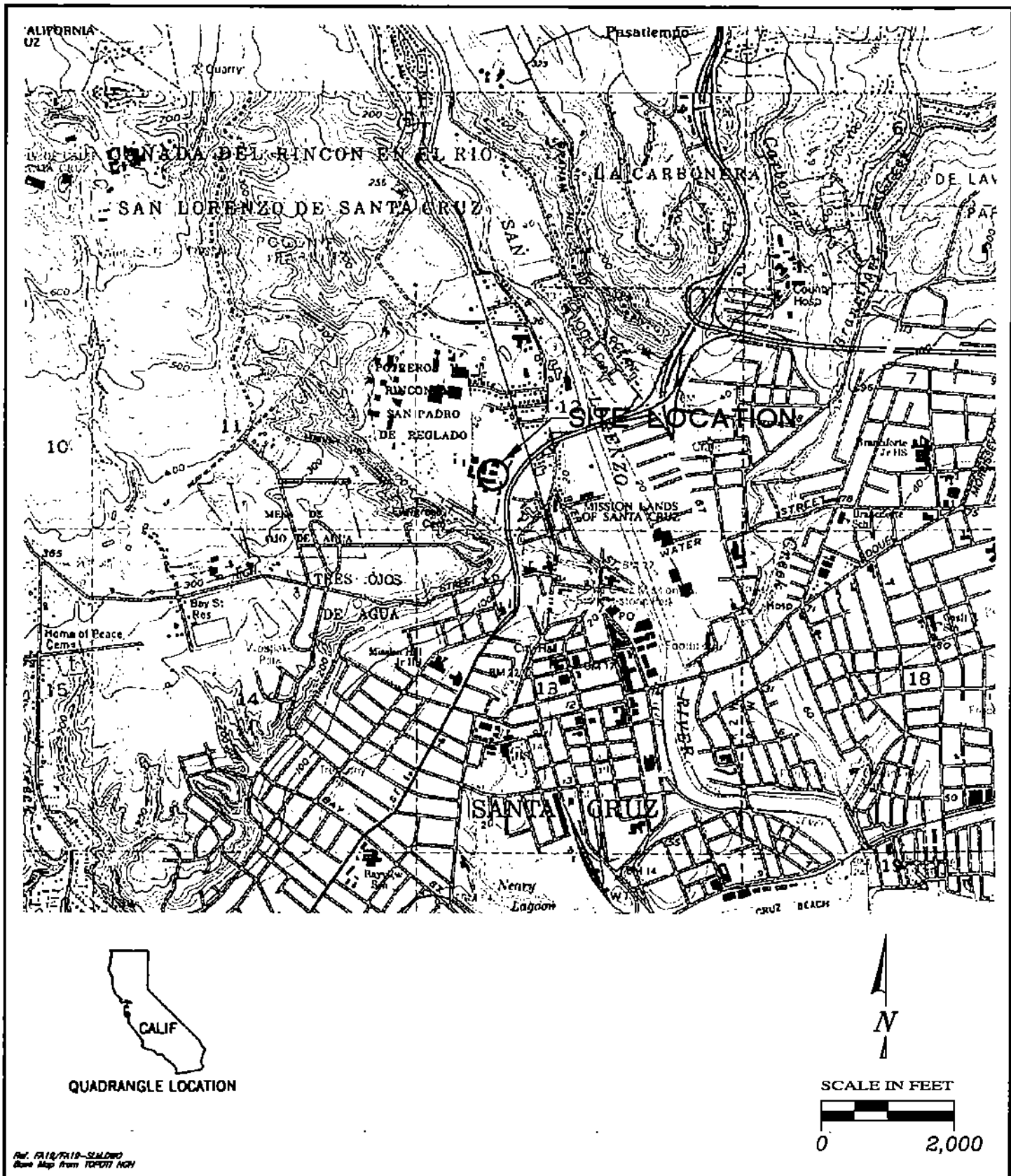



Edward Buskirk
Project Manager

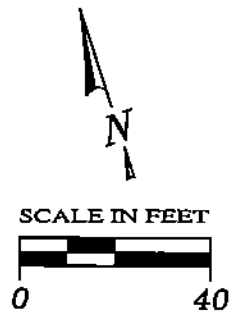
Attachment: Figure 1 – Site Location Map
Figure 2 – Site Map
Attachment A – SCCEHS Well Destruction Permits

cc: Mr. Steve Baiocchi
Santa Cruz County Health Services Agency
701 Ocean Street, Room 312
Santa Cruz, California 95060

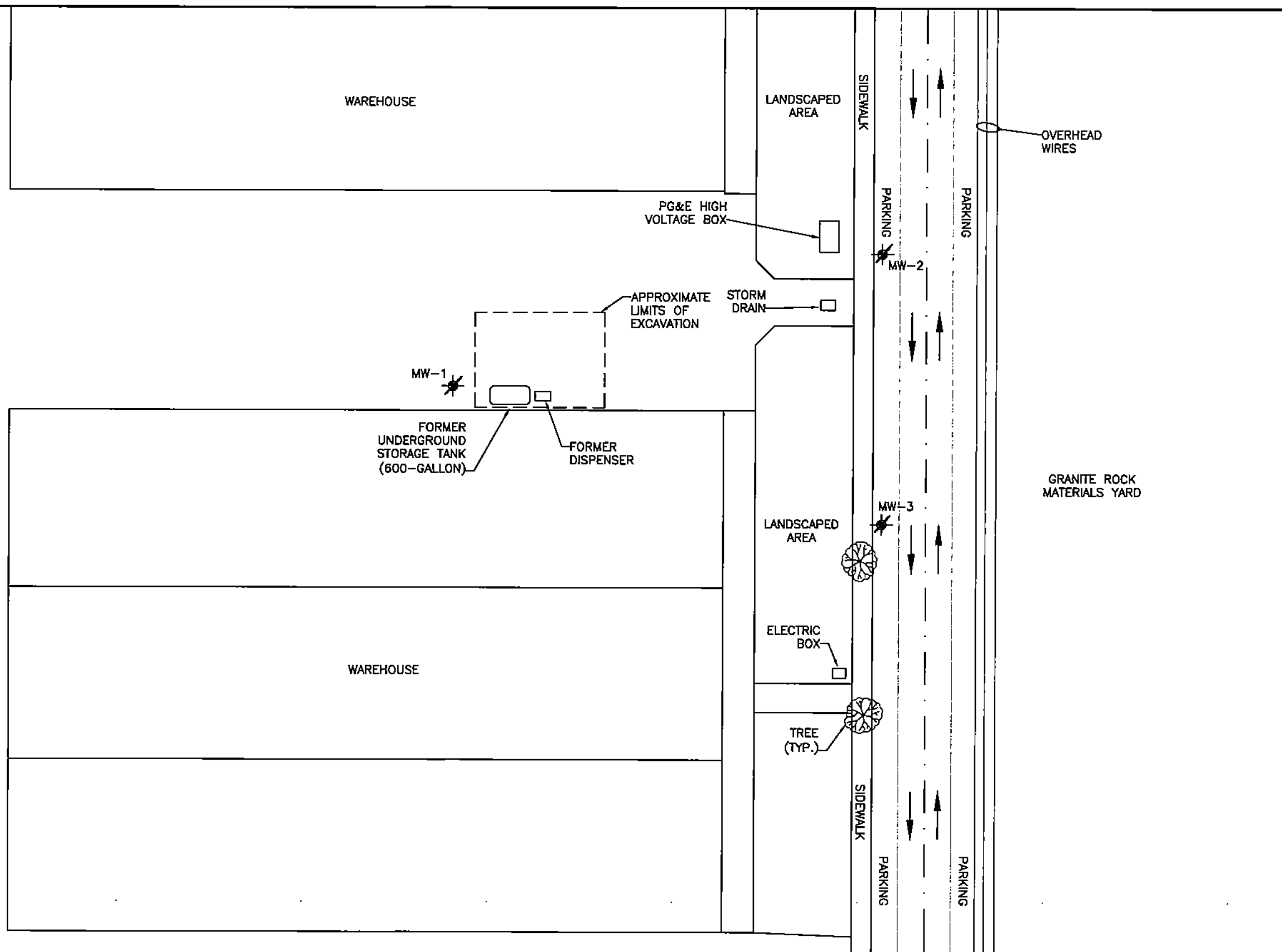
Mr. James Wylie
PO Box 208
Aptos, CA 95401



PREPARED BY 	SITE LOCATION MAP		FIGURE:
	WYLIE PROPERTY 320 Coral Street Santa Cruz, California		1 PROJECT: FA19



EXPLANATION
 MW-1 GROUNDWATER MONITORING WELL
 DESTROYED JUNE 14, 2005



PREPARED BY 	SITE MAP		FIGURE: 2 PROJECT: FA19
	WYLIE PROPERTY 320 Coral Street Santa Cruz, California		

ATTACHMENT A

SCCEHS WELL DESTRUCTION PERMITS

MW-1

APPLICATION FOR WELL PERMIT

☐ NEW ☐ REPLACEMENT ☐ SUPPLEMENTAL ☒ DESTRUCTION ☐ OTHER ☐ MONITORING WELL

001-051-44 (ASSESSOR'S PARCEL NUMBER) ~1.1 acres (PARCEL SIZE) 05-100 (PERMIT #) (ENVISION #) PROGRAM ELEMENT
 SITE ADDRESS 320 Canal Street Santa Cruz, CA
 OWNER James Wylie ADDRESS P.O. Box 208 Aptos, CA 95001
 DRILLING CONTRACTOR Exploration Geoservices LICENSE # 404208 PHONE (408) 280-6022
 DIRECTIONS TO SITE River St, Cross Hwy 1, left on Canal

DESIGN SPECIFICATIONS:

INTENDED USE

DOMESTIC: ☐

#Homes Served _____

WATER SYSTEM WELL: ☐

Name of Water System _____

IRRIGATION ☐

COMMERCIAL/INDUSTRIAL ☐

MONITORING: ☐

GROWTR ☐ VADOSE ☐

OTHER: _____ (SPECIFY)

WITHIN WATER DISTRICT SERVICE AREA ☐ NO ☐ YES NAME: _____

CONSTRUCTION DEPTH (FT.) _____ DIAMETER (IN.) _____

EXISTING WELLS ON PROPERTY:

1. OTHER WELLS ON PROPERTY: NUMBER: 2 TYPES: DOMESTIC ☐ IRRIGATION ☐ COMMERCIAL USE ☐ OTHER Mun. Sewer
2. CONDITION OF OTHER WELLS ON PROPERTY: IN USE ☐ TO BE DESTROYED ☒
3. IF NEW WELL REPLACES AN EXISTING WELL, INDICATE INTENTIONS FOR USE OF REPLACED WELL: N/A
☐ TO SUPPLEMENT NEW WELL ☐ TO BE DESTROYED ☐ OTHER _____

WELL DESTRUCTION:

DEPTH OF WELL 20 DEPTH OF SEAL: 5 NUMBER OF WATER FORMATIONS PENETRATED 1
 CLEANING OF WELL REQUIRED YES: ☐ NO: ☒ SEALING MATERIAL grout

MW-1

PLOT PLAN: ATTACH 2 COPIES OF PLOT PLAN (SEE REVERSE FOR REQUIREMENTS)

I HEREBY AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS OF THE COUNTY OF SANTA CRUZ AND STATE OF CALIFORNIA PERTAINING TO WELL CONSTRUCTION, AND DECLARE UNDER PENALTY OF PERJURY THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT. I WILL CONTACT THE ENVIRONMENTAL HEALTH SERVICE WHEN I COMMENCE THE WORK. WITHIN 15 DAYS AFTER COMPLETION OF WORK I WILL FURNISH THE ENVIRONMENTAL HEALTH SERVICE A REPORT OF THE WORK PERFORMED AND NOTIFY THEM BEFORE PUTTING THE WELL INTO USE. I UNDERSTAND THAT THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE. I UNDERSTAND APPROVAL OF THE WELL PERMIT DOES NOT INDICATE WHETHER THIS PROPERTY IS SUITABLE FOR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM OR THAT A PERMIT TO INSTALL SUCH SYSTEM WILL BE GRANTED.

WORKER'S COMPENSATION CERTIFICATE

☒ A CURRENTLY EFFECTIVE CERTIFICATION OF WORKERS COMPENSATION INSURANCE IS ON FILE WITH THIS OFFICE.
 INSURANCE CARRIER State Comp. Ins. Fund POLICY # 142,7461-2005
 I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKER'S COMPENSATION LAWS OF CALIFORNIA

PROPERTY OWNER Evelyn Bagant

DRILLING CONTRACTOR Evelyn Bagant 5/4/05

FOR OFFICE USE ONLY:

ENVIRONMENTAL ASSESSMENT REQUIRED YES ☐ NO ☐

METER REQUIRED YES ☐ NO ☐

METER INSTALLED _____

DATE _____

READING _____

SITE INSPECTION _____

APPLICATION APPROVAL _____

PAD INSPECTION _____

RECEIPT OF WELL LOG _____

FINAL _____

DATE

EHS SPECIALIST

ANNULAR WELL SEAL WITNESSED:

YES DATE _____

NO DEPTH _____

SEAL MATERIAL _____

SACKS CEMENT/YARD _____

COMMENTS:

Property discontinue 55g Pure water Drum
 still on work CD drill out all wells Permit - Grouting

DISTRIBUTION: WHITE - EHS /YELLOW - WELL DRILLER /PINK - FISCAL CONTROL /GOLDENROD - RECEIPT

Well Permit Application - PHD-133.WPD (REV. 9/03)

Message to Ed Buring, RRM
 5/16/05

MW-2

APPLICATION FOR WELL PERMIT

☐ NEW ☐ REPLACEMENT ☐ SUPPLEMENTAL ☒ DESTRUCTION ☐ OTHER ☐ MONITORING WELL

001-051-44 (ASSESSOR'S PARCEL NUMBER) ~1.1 acres (PARCEL SIZE) 05-10 (PERMIT #) 2381 (ENVISION #) PROGRAM ELEMENT
 SITE ADDRESS 320 Cornl Street Santa Cruz, CA
 OWNER James Wylie ADDRESS P.O. Box 208 Aptos, CA 95001
 DRILLING CONTRACTOR Exploration Geoservices LICENSE # 484288 PHONE (408) 280-6822
 DIRECTIONS TO SITE River St. North, left on Cornl.

DESIGN SPECIFICATIONS:

INTENDED USE

DOMESTIC: _____
 #Homes Served _____
 WATER SYSTEM WELL: _____
 Name of Water System _____

IRRIGATION _____
 COMMERCIAL/INDUSTRIAL _____

MONITORING: _____
 GRDWTR _____ VADOSE _____

OTHER: _____ (SPECIFY)

WITHIN WATER DISTRICT SERVICE AREA _____ NO _____ YES NAME: _____ (FORM HSA-579-REQUIRED)

CONSTRUCTION DEPTH (FT.) _____ DIAMETER (IN.) _____ DEPTH OF SEAL (FT.) _____ WIDTH OF SEAL (IN.) _____

EXISTING WELLS ON PROPERTY:

1. OTHER WELLS ON PROPERTY: NUMBER: 2 TYPES: DOMESTIC _____ IRRIGATION _____ COMMERCIAL USE _____ OTHER Monitoring
2. CONDITION OF OTHER WELLS ON PROPERTY: IN USE _____ TO BE DESTROYED X
3. IF NEW WELL REPLACES AN EXISTING WELL, INDICATE INTENTIONS FOR USE OF REPLACED WELL: N/A
 _____ TO SUPPLEMENT NEW WELL _____ TO BE DESTROYED _____ OTHER _____

WELL DESTRUCTION: DEPTH OF WELL 20 DEPTH OF SEAL: 5 NUMBER OF WATER FORMATIONS PENETRATED 1
 CLEANING OF WELL REQUIRED YES: _____ NO: X SEALING MATERIAL Grout

PLOT PLAN: ATTACH 2 COPIES OF PLOT PLAN (SEE REVERSE FOR REQUIREMENTS)

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PROPERTY OWNER Eul BHS Agent DRILLING CONTRACTOR Eul BHS Agent 5.4.05

FOR OFFICE USE ONLY:

ENVIRONMENTAL ASSESSMENT REQUIRED YES _____ NO _____

METER REQUIRED YES _____ NO _____ METER INSTALLED _____ DATE _____ READING _____
 DATE 5/11/05 EHS SPECIALIST [Signature] ANNULAR WELL SEAL WITNESSED:
 SITE INSPECTION 5/11/05 [Signature] YES DATE _____
 APPLICATION APPROVAL _____ NO DEPTH _____
 PAD INSPECTION _____ SEAL MATERIAL _____
 RECEIPT OF WELL LOG _____ # SACKS CEMENT/YARD _____
 FINAL _____

COMMENTS: (Drill out all wells prior to Grouting)

DISTRIBUTION: WHITE - EHS / YELLOW - WELL DRILLER / PINK - FISCAL CONTROL / GOLDENROD - RECEIPT

Well Permit Application - PHO-133.WPD (REV. 9/03)

MW 3

APPLICATION FOR WELL PERMIT

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 SITE ADDRESS 320 Coral Street Santa Cruz, CA
 OWNER James Wylie ADDRESS P.O. Box 208 Aptos, CA 95001
 DRILLING CONTRACTOR Explorati Geoservices LICENSE # 484288 PHONE (408) 280-6822
 DIRECTIONS TO SITE River St North, left on Coral

DESIGN SPECIFICATIONS:

CASH REGISTER VALIDATION

INTENDED USE: DOMESTIC: ☐ SEPTIC SYSTEMS: ☐ TYPE OF WELL CONSTRUCTION: ROTARY ☐ PL 2381 \$89.00
 #Homes Served: ☐ SEWER: ☐ CABLE ☐ CHECK \$89.00
 WATER SYSTEM WELL: ☐ NEAREST PROPERTY LINE: ☐ DUG ☐
 Name of Water System: ☐ CASING: SINGLE ☐ DOUBLE ☐ OTHER: ☐
 IRRIGATION: ☐ MATERIAL: ☐
 COMMERCIAL/INDUSTRIAL: ☐ TYPE OF JOINT: ☐
 MONITORING: ☐ GRAVEL PACK: ☐
 GRDWTR ☐ VADOSE ☐
 OTHER: ☐ (SPECIFY) ☐
 WITHIN WATER DISTRICT SERVICE AREA ☐ NO ☐ YES NAME: ☐ (FORM HSA-579-REQUIRED)

CONSTRUCTION DEPTH (FT.) ☐ DIAMETER (IN.) ☐ DEPTH OF SEAL (FT.) ☐ WIDTH OF SEAL (IN.) ☐
 EXISTING WELLS ON PROPERTY:
 1. OTHER WELLS ON PROPERTY: NUMBER: 2 TYPES: DOMESTIC ☐ IRRIGATION ☐ COMMERCIAL USE ☐ OTHER Monitoring
 2. CONDITION OF OTHER WELLS ON PROPERTY: IN USE ☐ TO BE DESTROYED ☐
 3. IF NEW WELL REPLACES AN EXISTING WELL, INDICATE INTENTIONS FOR USE OF REPLACED WELL: N/A
 TO SUPPLEMENT NEW WELL ☐ TO BE DESTROYED ☐ OTHER ☐

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PROPERTY OWNER Euel 688 Agent DRILLING CONTRACTOR Euel 688 Agent 5/4/05

FOR OFFICE USE ONLY:

ENVIRONMENTAL ASSESSMENT REQUIRED YES ☐ NO ☐

METER REQUIRED YES ☐ NO ☐ METER INSTALLED ☐ DATE ☐ READING ☐
 DATE 5/11/05 EHS SPECIALIST [Signature] ANNULAR WELL SEAL WITNESSED:
 SITE INSPECTION 5/11/05 [Signature] YES DATE ☐
 APPLICATION APPROVAL ☐ NO DEPTH ☐
 PAD INSPECTION ☐ SEAL MATERIAL ☐
 RECEIPT OF WELL LOG ☐ # SACKS CEMENT/YARD ☐
 FINAL ☐

COMMENTS: (Drill out all wells Prior to Grouting)

DISTRIBUTION: WHITE - EHS /YELLOW - WELL DRILLER /PINK - FISCAL CONTROL /GOLDENROD - RECEIPT